Name in Full: Alexander Adams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Camparoll		County: Annamanel		
Date of death 190 5	Month: July	Day: 1st	Years: —	Months: 8	Days: —
Sex: Male		Color or Race: Colored		Birth-place: Camparole	
~~Married~~, Single or ~~Widowed~~: Single			Occupation: —		
Name of Wife or Husband: —					
Father's Name: George A Adams				Father's Birthplace: Camparoll	
Mother's Maiden Name: Mary Lucca				Mother's Birthplace: "	
Name of person giving In formation: J A Adams				How related to deceased: Undertaker	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantile diar	How long: 1 month ?
Immediate: ~~Sudden~~ Complaint	How long:
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: No Physician
Reported by the Mother ?	Address: C H Walton
Accident or Suicide?	

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Name in Full: John Barnett

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Ant

Date of death 1903 — Month: July — Day: 6th

Age — Years: 3 — Months: — Days:

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Married, Single or Widowed — Occupation:

Name of Wife or Husband:

Father's Name: James E. Barnett — Father's Birthplace: A. Abs.

Mother's Maiden Name: Ellen Woods — Mother's Birthplace: Annapolis

Name of person giving information: Mother — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pertussis — How long: 8 Ten days

Immediate: Bronchitis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. N. E. Campbell

Address: Annapolis Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name In Full

Certificate of Death

Sallie M. Bird

Town / County

Died at South River Anne Arundel MARYLAND

Date 1903	Month July	Day 28	Age Y. 64 M. D.	Native of Md	Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living

Husband / Wife of William P. Bird

Father's Name John Wright

Mother's Maiden Name Martha Smyth

Cause of Death: Primary Typhoid fever — How long sick 4 weeks

Immediate Diarrhea — ~~Accident, Suicide, Homicide~~

Reported by John Collinson

Address

Must be signed by physicien, if any in ettendance, otherwise by coroner, undertaker or minister.

Name in Full: Oley Blockstone

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Williams Town; County: Anne Arundel

Date of death 1903: Month: July; Day: 24; Years: 18; Months: ; Days:

Age: 18

Sex: Female

Color or Race: African

Birthplace: Maryland

~~Married~~, Single or ~~Widowed~~

Occupation:

~~Name of Wife or Husband~~

Father's Name: Henry Blockstone

Father's Birthplace: Maryland

Mother's Maiden Name: Louisa Brandford

Mother's Birthplace: Maryland

Name of person giving information: James Harris

How related to deceased: Step Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculos

How long: 6 months

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. R. Winterson M.D.

Address:

Accident or Suicide?

Name in Full: Francis C. Brooks (BROOKS)

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Brookeville	County	A. A.		
Date of death 1903	Month: July	Day: 16	Age: Years 37	Months 4	Days 10
Sex: Female	Color or Race: Black		Birthplace: Maryland		
Married, Single or Widowed: Married	Occupation: Farm Wife				
Name of ~~Wife~~ Husband: Lawson Brooks					
Father's Name: John Taylor			Father's Birthplace: Maryland		
Mother's Maiden Name: Francis McLennus			Mother's Birthplace: Maryland		
Name of person giving information: Lewis. Brooks			How related to deceased: Husband		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis	How long: 10 Months
Immediate: Heart failure	How long:
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: J. Lynn Lawson M.D.
	Address: Brookeville Md
Accident or Suicide?	

Lawson

Name in Full

Certificate of Death

Nicholas Brown

Town: Near Laurel

County: Anne Arundel County

Died ~~at~~ MARYLAND

Date 1903 Month: July Day: 11

Age Y. 59. M. . D. .

Native of: Maryland

Occupation: Plaster

Male ~~Female~~

White ~~Colored~~

~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living: One

Husband of Wife: Albertine Brown

Father's Name: Joseph Brown

Mother's Maiden Name: Landazy Neary

Cause of Death:

Primary: Pleuro Pneumonia — How long sick: Six years

Immediate: Pulmonary Tuberculosis — ~~Accident, Suicide, Homicide~~

Reported by: Dr. John Grossmuller

Address: Laurel Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

Name in Full: Emily. Burtis.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Annapolis County: Anne Arundel

Date of death 1903 Month: July Day: 2 Age Years: 63 Months: — Days: 28

Sex: Female Color or Race: White Birthplace: Annapolis

Married, Single or Widowed: Married Occupation: House Wife

~~Name of Wife or~~ Husband: Henry Burtis.

Father's Name: Edward Hollidoke Father's Birthplace: Annapolis

Mother's Maiden Name: Rose Woolin Mother's Birthplace: Annapolis

Name of person giving In formation: Henry Burtis. How related to deceased: Husband.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer How long: 4 5

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. J. Murphy

Address: 4 Randolph St.

Accident or Suicide?

Name in Full: Clinton Bush.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Arundel on the Bay — County: Anne Arundel

Date of death 190	Month	Day	Years	Months	Days
3	June	5	Age 45	—	—

Sex: Male — Color or Race: negro — Birth-place: —

Married, Single or Widowed: Married — Occupation: Barber

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: Dr. A. M. Curtis — How related to deceased: none.

1902

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accidental Drowning — How long: —

Immediate: yes — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Charles G. Feldmeyer

Address: Justice of the Peace, Acting Coroner, Ex Officio

Accident or Suicide? accident

Name in Full: Wm Cherry

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Annapolis — Town; Ant — County

Date of death 190 3 — Month: July — Day: 16th

Age — Years: 7 — Months: — Days:

Sex: Male — Color or Race: Colored — Birthplace: Md

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: Wm Cherry — Father's Birthplace: Md

Mother's Maiden Name: Margie Green — Mother's Birthplace: Md

Name of person giving information: Mother — How related to deceased:

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Pertussis 8 — How long: One week

Immediate: Broncho Pneumonia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Adams

Address: Undertaker

Accident or Suicide?

Name in Full: Lawrence Francis Clark

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1903 — Month: July — Day: 25 — Age — Years: 15 — Months: 8 — Days:

Sex: Male — Color or Race: White — Birthplace: New York, N.Y.

Married, Single or Widowed: Single — Occupation: Midshipman, U.S. Navy

Name of Wife or Husband: ——

Father's Name: Dead — Father's Birthplace: ——

Mother's Maiden Name: Mary E. Griffin — Mother's Birthplace: Pa

Name of person giving information: Mary E. Griffin — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute interstitial endocarditis. — How long: 7 days

Immediate: Cerebral hemorrhage & embolism — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harvard E. Ames Surg. U.S.N.

Address: U.S. Naval Academy, Annapolis, Md.

Accident or Suicide?

0-70-13-25

Name in Full: Margaret Contee

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A A

Date of death 1903 — Month: July — Day: 3rd — Age: Years 63 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Annapolis

~~Married~~ Single or Widowed: Widowed — Occupation:

Name of Wife or Husband:

Father's Name: Unknown — Father's Birthplace: A A Co

Mother's Maiden Name: Unknown — Mother's Birthplace: A A Co

Name of person giving information: Friend — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Nephritis — How long: Six months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full

Certificate of Death

Jesse Adams Conway

Town

County

Died at Anne Arundel MARYLAND

	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	July	3	Age –	5	14	Md	—

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced ~~Number of children living~~

Husband of
Wife

Father's Name Charles Conway

Mother's Maiden Name Lizzie G. Adams

Cause of Death: Primary Entero Colitis — How long sick 2 weeks

Immediate Inanition — ~~Accident, Suicide, Homicide~~

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Reported by Mm R Earnestson

Address Elk Ridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Joseph P Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis County: A A

Date of death 1903 Month: July Day: 12th

Age: Years: Months: 9 Days:

Sex: Male Color or Race: Colored Birthplace: City

Married, Single or Widowed: Occupation:

Name of Wife or Husband:

Father's Name: John H Cooper Father's Birthplace: City

Mother's Maiden Name: Henrietta Frye Mother's Birthplace: City

Name of person giving information: Mother How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus 10 How long: Months

Immediate: Exhaustion How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

Name in Full: Dorchester Crowner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Churchton County: A. A.

Date of death 190 3 Month: July Day: 25

Age: Years — Months: 6 Days —

Sex: Male Color or Race: Colored Birth-Place: Md

Married, Single or Widowed: Single Occupation: none

Name of Wife or Husband: —

Father's Name: William Crowner Father's Birthplace: Md

Mother's Maiden Name: Rachel Sorrell Mother's Birthplace: Md

Name of person giving information: Lewis Sorrell How related to deceased: Grand-father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Entero Colitis How long: 3 weeks

Immediate: Exhaustion How long: —

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. Sydney Starling M.D.

~~Address~~ Churchton Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Rev. Peter Curran

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis — County: Ann Arundel

Date of death 1903: Month: July — Day: 29.

Age: Yrs. 35 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Patterson, N.J.

Married, Single or Widowed: single — Occupation: Assistant Clergyman

Name of Wife or Husband: —

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Jos. A. Lantz, Rector St. Mary's Church Annapolis Md. — How related to deceased: Pastor

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvula Heart Disease — How long: 1 year

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. R. Walton

Address: Annapolis

Accident or Suicide?

Name in Full: Howard Dickson Daniels

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Eastport	County	Anne Arundel
Date of death 190	3	Month	July
Day	2	Years	
Age	Months: 9	Days: 4	
Sex	male	Color or Race	white
Birthplace	Baltimore		
Married, Single or Widowed		Occupation	
Name of Wife or Husband	Lillian D Daniels		
Father's Name	Harry B Daniels	Father's Birthplace	North Carolina
Mother's Maiden Name	Lanham	Mother's Birthplace	Maryland
Name of person giving information	Lillian D Daniels	How related to deceased	Parents

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Marasmus	How long	Two months
Immediate	Asthenia	How long	Two months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. Wells
		Address	Annapolis, Md.
Accident or Suicide?	no		

LIBRARY BUREAU A08510

Batcher - undertaker

Name in Full: Moses Dennis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: Ant

Date of death 190 3; Month: July; Day: 28th; Years: Age; Months: 6; Days:

Sex: Male; Color or Race: Colored; Birthplace: Md

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Charles Dennis; Father's Birthplace: Md

Mother's Maiden Name: Mary J Atchwood; Mother's Birthplace: Md

Name of person giving information: Mother; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus 105; How long: Months

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Investigated by Health Office

Address:

Accident or Suicide?

Name in Full Mary Elisabeth Ellison

Certificate of Death

Town: Annigar
County: Anne Arundle
Died at — MARYLAND

Date ~~189~~ 1903 | Month: July | Day: 2 | Age: Y. 5 M. months D. | Native of: Md. | ~~Occupation~~

~~Male~~ | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

Female | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: William S Ellison

Mother's Name: Josephine Ellison

Cause of Death — Primary: dysentary

Immediate: convulsions

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How long sick: 2 weeks.

~~Accident~~, [redacted] ~~Homicide~~

Reported by: Elijah Williams, M.D.

Address: Annigar, A. A. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Mary Rob-Amick

CERTIFICATE OF DEATH

MARYLAND

Died at: Brooklyn. (Town) — A.A. (County)

Date of death 1903: Month: July — Day: 3 — Age: 15 — Years — Months: 4 — Days: —

Sex: Female — Color or Race: White — Birthplace: Balt Md

Married, Single or Widowed: Single — Occupation: House wife

Name of Wife or Husband: ~~Nettie M Amick~~

Father's Name: Charles Amick — Father's Birthplace: Baltimore

Mother's Maiden Name: Nettie M Amick — Mother's Birthplace: Friendship

Name of person giving information: Charles Amick — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Morphine-poison 175 — How long: 4 months

Immediate: Heart prob. — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Bynum Robertson M.D.

Address: Brooklyn Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Walter Shettington Gardner

CERTIFICATE OF DEATH

MARYLAND

Died at: Annapolis (Town) Anne Arundel (County)

Date of death 190 8: Month: July; Day: 27

Age: Years: ; Months: 5; Days:

Sex: Male

Color or Race: White

Birthplace: Annapolis

Married, Single or Widowed:

Occupation:

Name of Wife or Husband: Dora R. Gardner

Father's Name: Marshall H. Gardner

Father's Birthplace: Balto

Mother's Maiden Name: Dora R. Grove

Mother's Birthplace: Annapolis

Name of person giving information: Marshall H. Gardner

How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Ileo-Colitis 105

How long: 3 weeks

Immediate: Gradual exhaustion

How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Sewell S. Hopkins Jr.

Address: Annapolis Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full Henry A. Hancock.

Certificate of Death

Town: Maynards County: A. A. County MARYLAND

Died at

Date ~~Mo.~~ 1903 Month: July Day: 22 | Age Y. 14 years M. D. | Native of Md. | Occupation Farming

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 4

Husband ~~Wife~~ of Mitilda Hancock

Father's Name John Hancock Mother's Name Rhoda Hancock.

Cause of Death: Primary

Immediate Uraemia

How long sick 8 days

Accident, Suicide, Homicide

Reported by Elijah Williams 2nd

Address Ohmiger Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Thomas N. Hamm

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Best Gate — County: A A

Date of death 1903 — Month: July — Day: 6th — Age: Years — Months: 7 — Days:

Sex: Male — Color or Race: Col — Birthplace: Baltimore Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: John H. Hamm — Father's Birthplace: A A Co

Mother's Maiden Name: Matilda Simonds — Mother's Birthplace: A A Co.

Name of person giving Imformation: Father — How related to deceased: 105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: Few days

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

Name in Full: Mary E. Hergot

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brooklyn; County: A. A.

Date of death 1903: Month: July; Day: 20

Age: Years: ; Months: 6; Days: 16

Sex: Female; Color or Race: White; Birthplace: Maryland

Married, Single or Widowed: Single; Occupation: none

Name of Wife or Husband:

Father's Name: Benjamin W. Hergot; Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth Avenue; Mother's Birthplace: " "

Name of person giving information: Benjamin Hergot; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum; How long: 2 months

Immediate: Inanition; How long: 15 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Byron Ashworth

Address: Brooklyn, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full | Certificate of Death

James Hopkins

Died at Town: South River County: Anne Arundel MARYLAND

Date 1903 Month: July Day: 3 | Age Y.: 66 M. D. | Native of: Md | Occupation: Farmer

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living 3

Husband / Wife of Mary Peake Hunt

Father's Name — | Mother's Maiden Name —

Cause of Death: Primary Malaria | How long sick 6 months

Immediate Pernicious anemia | Accident, ~~Suicide~~, Homicide

Reported by John Collinson

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Stopkins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: A A

Date of death 1903 — Month: July — Day: 20th

Age — Years: 4 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: —

Married, Single or Widowed — Occupation: —

Name of Wife or Husband: —

Father's Name: Thomas Stopkins — Father's Birthplace: A A Co.

Mother's Maiden Name: Ella Bowie — Mother's Birthplace: Annapolis

Name of person giving information: Mother — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stillborn — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Annie Brown

Address: Midwife

Accident or Suicide?

Name in Full: Katie Horwat

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town — Severn Terrace; County — Anne Arundel

Date of death 1903: Month — July; Day — 16

Age: Years — 2 y 6 mos; Months — 6; Days —

Sex: Female

Color or Race: White

Birthplace: Germany

Married, Single or Widowed: Single

Occupation:

Name of Wife or Husband:

Father's Name: Nicholas Horwat

Father's Birthplace: Germany ~~Russian~~

Mother's Maiden Name: Marie B. Horwat

Mother's Birthplace: Germany

Name of person giving In formation: William Bunk

How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning 177

How long: immediate

Immediate: Accidental

How long: immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Robt. F. Dodson, M.D. Coroner

Address: Omar, A.A. Co. Md.

Accident or Suicide? Accident

Name in Full: ~~Samuel~~ Robert E. Hucket

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Waluburg (Town) — Anne Arundel (County)

Date of death: 1903 — Month: 7 — Day: 29 — Years: — Months: 8 — Days:

Sex: Male — Color or Race: Black — Birthplace: Washington

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Samuel Hucket — Father's Birthplace: Washington

Mother's Maiden Name: Eliza — Mother's Birthplace: —

Name of person giving Imformation: ~~Cousin~~ Susan Marania — How related to deceased: None

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PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Intestinal catarrh Chronic — How long: 3 months

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Bryant

Address: Millersville

~~Accident or Suicide?~~

Name in Full: Howard Jacobs

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis — County: A A

Date of death 1903: Month: July — Day: 2nd

Age: Years: — Months: 1 — Days: 4

Sex: Male — Color or Race: Colored — Birthplace: City

Occupation:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: John A Jacobs — Father's Birthplace: A A Co.

Mother's Maiden Name: Frances Brown — Mother's Birthplace: City

Name of person giving information: Father — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: Since birth

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. N. E. Campbell M.D.

Address: Annapolis

Accident or Suicide?

Name in Full: Franklin Jamiscewski

CERTIFICATE OF DEATH

MARYLAND

Town: East Baltimore — County: C C

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1903	Month	Day	Years	Months	Days
	July	17	Age 1	2	—

Sex: Male — Color or Race: White — Birthplace: East Baltimore

~~Married, Single or Widowed~~ — Occupation: none

Name of Wife or Husband: Jamiscewski

Father's Name: John Jamiscewski — Father's Birthplace: Germany

Mother's Maiden Name: Anna " " — Mother's Birthplace: "

Name of person giving Information: Father — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera infantum 105 — How long: 8 days

Immediate: Meningitis — How long: 8 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Byron Robinson M.D.

Address: Baltimore Md

Accident or Suicide?

Holy Rosary. Cemetery

Undertaker

M. F. Sadowski
703 S. Ann St

Name in Full: Polly Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Odenton (Town) — Anne Arundel (County)

Date of death: 1903 — Month: 7 — Day: 21 — Age: Years: 9 — Months: 2 — Days: —

Sex: Female — Color or Race: Negro — Birthplace: North Carolina

Occupation: — Where Residing if not at place of death: Odenton

[illegible]d, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Reddick Johnson — Father's Birthplace: North Carolina

Mother's Maiden Name: Susan Wester — Mother's Birthplace: North Carolina

Name of person giving Imformation: Reddick Johnson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastritis — How long: 8 days

Immediate: Exhaustion — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. A. Hammond

Address: Jessup

Accident or Suicide? No

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Name in Full: Helen Gertrude Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Odenton — County: Anne Arundel — MARYLAND

Date of death: 1903 — Month: 7 — Day: 9 — Age: — Years: — Months: 11 — Days: 11

Sex: Female — Color or Race: White — Birthplace: Odenton Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Wm L Jones — Father's Birthplace: Jessups Md

Mother's Maiden Name: Annie M Downey — Mother's Birthplace: Woodwards Ville Md

Name of person giving Imformation: Wm L Jones — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 4 days

Immediate: Convulsions — How long: 4 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J H Dr Bryson M D

Address: Jamtsville Md

Accident or Suicide?

Name in Full: Kathine Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Annapolis — County: Annearundel

Date of death 1903 — Month: July — Day: 17

Age — Years: — Months: 5 — Days: 7

Sex: Female — Color or Race: Colored — Birthplace: Annapolis

~~Married~~, Single or ~~Widowed~~ — Occupation: Infant

Name of Wife or Husband:

Father's Name: Thomas Jones — Father's Birthplace: Annapolis

Mother's Maiden Name: Bill Tyler — Mother's Birthplace: "

Name of person giving information: J. A. Adams — How related to deceased: Undertaker

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Since Birth

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. A. Adams

Address: Undertaker, Annapolis Md

Accident or Suicide?

Name in Full: Alice Johnston JONSON

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Harmans — County: Anne Arundel

Date of death 1903: Month: 7 — Day: 17

Age: Years: — Months: 4 — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Harmans

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: Jeff Jonson — Father's Birthplace: Md

Mother's Maiden Name: — Mother's Birthplace: Md

Name of person giving In formation: Husband 105 — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 Weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. Harrison Tyson

Address: Elk Ridge Md.

Accident or Suicide?

Name in Full Sadie Dora Lane

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Camp Parole County: Anne Arundel

Date of death 1903 Month: July Day: 3rd

Age: Years: 1 Months: 10 Days:

Sex: Female Color or Race: Colored Birthplace: Anne Arundel Co.

Married, Single or Widowed

Occupation

Name of Wife or Husband

Father's Name: Wesley Lane Father's Birthplace: Anne Arundel Co.

Mother's Maiden Name: Sarah Shamir Mother's Birthplace: Anne Arundel Co.

Name of person giving information: Mother How related to deceased: Probably

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum How long: Ten days

Immediate: Asthenia How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Seen by John R. Lidon M.D. after death

Address: Annapolis Md.

105

Accident or Suicide?

Name in Full: Alfred McKenzie

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Massonsville; County: Md

Date of death, 190	Month	Day	Years	Months	Days
3	7	26	Age	8	

Sex: Male

Color or Race: White

Birthplace: Md

Married, Single or Widowed: Single

Occupation:

Name of Wife or Husband: —

Father's Name: Wm B. McKenzie

Father's Birthplace: Md

Mother's Maiden Name: Catherine Lowman

Mother's Birthplace: Md

Name of person giving information: Father

How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 1 wk

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas. A. Brooks

Address:

105

Accident or Suicide?

Name in Full: Catherine Marshall

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Williams County: Anne Arundel

Date of death 190 3 Month: July Day: 26 Age Years: 63 Months: Days:

Sex: Female Color or Race: African Birthplace: Anne Arundel

~~Married, Single~~ or Widowed Occupation: House Keeper

~~Name of Wife or Husband~~

Father's Name: Unknown Father's Birthplace: Maryland

Mother's Maiden Name: Unknown Mother's Birthplace: Maryland

Name of person giving Information: James Marshall How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis How long: 6 weeks

Immediate: Cerebral Hemorrhage How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C R Anderson

Address: Eckridge Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: William Matthews

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Annapolis	County: Anne Arundel	
Date of death 190 3	Month: July	Day: 12	Years: 55 / Months: — / Days: —
Sex: Male	Color or Race: Colored	Birthplace: Annapolis	
Married, Single or Widowed: Married	Occupation: Laborer.		
Name of Wife or Husband: Mary Matthews			
Father's Name: William Matthews		Father's Birthplace: Annapolis	
Mother's Maiden Name: Catherine Smith		Mother's Birthplace: Annapolis	
Name of person giving In formation: J. A. Adams		How related to deceased: friend	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac disease 79		How long: Suddenly
Immediate: Heart's cessation		How long: —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: D. W. Campbell	
	Address: 34 Second St.	
Accident or Suicide?		

Name in Full: Marga Vereto Matthews

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shady Side; County: A. A.

Date of death 1903: Month: 7; Day: 12; Age: Years —; Months: 5; Days: 11

Sex: Female; Color or Race: Colored; Birthplace: Maryland

Married, Single or Widowed: Single; Occupation: —

Name of Wife or Husband: —

Father's Name: —; Father's Birthplace:

Mother's Maiden Name: Sarah Matthews; Mother's Birthplace: Maryland

Name of person giving information: Eliza Matthews; How related to deceased: Grand Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum 105; How long: Three Days

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. C. B. Boyd

Address: Shady Side Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Robert A. Meekins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Annapolis — Town; A. A. — County

Date of death 1903: Month 7; Day 30; Years 23; Months —; Days —

Sex: Male — Color or Race: White — Birth-place:

Married, Single or Widowed: Single — Occupation: Carpenter

Name of Wife or Husband:

Father's Name: Jos. Meekins — Father's Birthplace: Eastern Shore

Mother's Maiden Name: Martha Gray — Mother's Birthplace: A. A. Co.

Name of person giving In formation: Jos. Meekins Jr. — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Epileptic Seizure — How long: —

Immediate: Drowning — How long: —

Are the name, age, sex, color, date and place correctly given above? As far as I am aware of.

Signature of Physician: F. H. Thompson M.D.

Address: 193 Church Sta. Annapolis Md.

Accident or Suicide? Accident

Name in Full: George R. Mitchell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Annapolis		County: Anne Arundel		
Date of death 1903	Month: July	Day: 14	Years: Age 1	Months: 10	Days: 9
Sex: Male		Color or Race: White		Birthplace: Annapolis	
Married, Single or Widowed: —			Occupation: —		
Name of Wife or Husband: —					
Father's Name: William J. Mitchell				Father's Birthplace: Annapolis	
Mother's Maiden Name: Ophelia Bolton				Mother's Birthplace: Annapolis	
Name of person giving information: William J. Mitchell				How related to deceased: Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia	How long: 3 days
Immediate: Exhaustion 9 yr	How long: 4 hours
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: Wm. S. Welch
	Address: 184 Gloucester st Annapolis
Accident or Suicide? —	

Name in Full: Nancy Monroe

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Maynards

County: Anne Arundel

Date of death 1903: Month: July; Day: 1

Age: Years: 25; Months: ; Days: 1

Sex: Female

Color or Race: Black

Birthplace: Snow Hill Md.

Married, ~~Single or Widowed~~

Occupation: Housewife

Name of Wife or Husband: Walter Monroe

Father's Name: William Toney

Father's Birthplace: Washington D.C.

Mother's Maiden Name: Amanda Collins

Mother's Birthplace: Snow Hill Md.

Name of person giving In formation:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemorhage

How long: 24 hours

Immediate: Heart failure

How long: Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo H. Crane MD

Address: Annigen

Accident or Suicide?

Name in Full: Mrs Phoebe Murphy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Odenton

County: Anne Arundel

Date of death 190 3 — Month: 7 — Day: 3

Age — Years: 54 — Months: 4 — Days: 11

Sex: Female

Color or Race: White

Birthplace: Maryland

Married, [redacted]: [redacted]

Occupation: Teacher

Name of Wife or Husband:

Father's Name: Holmes

Father's Birthplace: Maryland

Mother's Maiden Name: —

Mother's Birthplace: Maryland

Name of person giving information: Mrs Jennie Murray

How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirhosis of Liver 112

How long: Six months

Immediate: Coma

How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. A. Hammond

Address: Jessup Md

Accident or Suicide? No

Name in Full: John Nosvizeski

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: East Brooklyn County: A A

Date of death 190 3 Month: 7 Day: 10 Years: 80 Months: — Days:

Sex: Male Color or Race: White Birthplace: Russia

Married, ~~Single~~ or ~~Widowed~~ Occupation: Laborer

Name of Wife or Husband: Julia Nosvizeski

Father's Name: Florean Nosvizeski Father's Birthplace: Russia

Mother's Maiden Name: Lewenna. Mother's Birthplace:

Name of person giving In formation: Constanti Chucefski How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Overcome by heat — How long: 1 day

Immediate: Heart Failure How long: 169

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. L. Hawkins M.D.

Address: Brooklyn Md

Accident or Suicide?

Wm. Felicofski

Name in Full: Cornelia Osborne

CERTIFICATE OF DEATH

MARYLAND

Died at: Waterbury (Town) — Anne Arundel (County)

Date of death 1903: Month 7 — Day 16

Age: Years — Months — Days 6

Sex: Female — Color or Race: Black — Birthplace: Waterbury Md

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Enoch Osborne — Father's Birthplace: Md

Mother's Maiden Name: Cornelia Davis — Mother's Birthplace: Va.

Name of person giving information: Mother Cornelia Osborne — How related: ~~Attended~~

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature Birth — How long: 6 days.

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: A V B Garitt

Address: Millersville Md

~~Accident or Suicide?~~

PHYSICIAN OR CORONER

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Name in Full: Rozanna Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Chesterfield — County: Anne Arundel — MARYLAND

Date of death 1903 — Month: 7 — Day: 23 — Age: Years ~~5~~ — Months: 5 — Days: 14

Sex: female — Color or Race: African — Birthplace: Harmans PO

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Clinton Parker — Father's Birthplace: Chesterfield Md

Mother's Maiden Name: Georgianna Brown — Mother's Birthplace: Chesterfield Md

Name of person giving Information: Moses Brown — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dentition 105 — How long: 2 weeks

Immediate: Cholera Infantum — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J W DuBois M D

Address: Gambrills Md

Accident or Suicide?

Name in Full John H. Parish Parrish

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Bowie		County: Anne Arundel		
Date of death 190 3	Month: July	Day: 24	Age: Years 50	Months 10	Days 10
Sex: Male	Color or Race: White		Birth-place: Virginia		
Married, Single or Widowed: Married			Occupation: Farmer		
Nama of Wife or Husband: Madie A. Davis					
Father's Name: Edward Parrish			Father's Birthplace: Virginia		
Mother's Maiden Name: Catherine Parrish			Mother's Birthplace: Virginia		
Name of person giving In formation: Madie Davis			How related to deceased: Wife		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of	How long: 4 mos
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signatura of Physician: J. Murphy
	Address: Annapolis Md.
Accident or Suicide?	

Name in Full: Henry Puncohar

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: South Baltimore County: A A

Date of death 190 3 Month: 7 Day: 3 Age: Years 19 Months Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male Color or Race: White Birthplace: Bohemia

Married, Single or Widowed: Single Occupation: Laborer

Name of Wife or Husband:

Father's Name: John Puncohar Father's Birthplace: Bohemia

Mother's Maiden Name: Mary Punchot Mother's Birthplace: "

Name of person giving information: John Belada How related to deceased: Brother in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning 172 How long: —

Immediate: Strangulation How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm L Hawkins Cor

Address: Brooklyn Md

Accident or Suicide?

Name in Full: Wm Roeliet

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Harmans; County: Anne Arundel

Date of death: 1903 Month: 7 Day: 3 Years: 69 Months: 10 Days: —

Sex: Male Color or Race: White Birthplace: Balto Co. Md

Occupation: Wheelwright Where Residing if not at place of death: Harmans

Married, ~~Single or Widowed~~ Name of Wife or ~~Husband~~: Mary Roeliet

Father's Name: Christopher Roeliet Father's Birthplace: Maryland

Mother's Maiden Name: Sophia Roeliet Mother's Birthplace: Maryland

Name of person giving Imformation: Mary Roeliet How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Rheumatism 47 How long: Seven years

Immediate: Thermic fever, coma How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. A. Hammond

Address: Jessup

Accident or Suicide? No

PHYSICIAN OR CORONER

Name in Full: Mabel L. Savage

CERTIFICATE OF DEATH

MARYLAND

Town: Annapolis | County:

Died at

Date of death 1903 — Month: July | Day: 12

Age — Years: | Months: 6 | Days: 17

Sex: | Color or Race: White | Birthplace: Annapolis

Married, Single or Widowed: — | Occupation: —

Name of Wife or Husband: —

Father's Name: John Savage | Father's Birthplace:

Mother's Maiden Name: Addie Frances Savage | Mother's Birthplace:

Name of person giving information: Mother | How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum | How long: Two days

Immediate: Asthenia | How long:

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. Wells

Address: Annapolis Md.

Accident or Suicide? No

Name in Full: Annie P. Sercik

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: South Baltimore; County: A. A.

Date of death 190 3; Month: July; Day: 27; Years: —; Months: —; Days: 12

Sex: Female; Color or Race: White; Birthplace: So. Balto, Md

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

Father's Name: John Sercik; Father's Birthplace: Bohemia

Mother's Maiden Name: Anna Zahinkova; Mother's Birthplace: Bohemia

Name of person giving information: Anna Sercik; How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum; How long: 3 days

Immediate: ; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Phil. B. Horton MD

Address: So. Balto, Md

Accident or Suicide? no

Name in Full: Louisa Sharpe

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis County: Ant

Date of death 1903 Month: July Day: 7th

Age: Years: T Months: 7 Days:

Sex: Female Color or Race: colored Birthplace: Annapolis

Married, Single or Widowed: Occupation:

Name of Wife or Husband:

Father's Name: Charles Sharpe Father's Birthplace: Virginia

Mother's Maiden Name: Annie Dawn Mother's Birthplace: City

Name of person giving information: Mother How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH 105

Primary: Dentition How long: One week

Immediate: Meningitis How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Investigated by Health Officer

Address:

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Mary. Simms

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: 2 District (Town) — Anne Arundel (County) — MARYLAND

Date of death 1903: Month: July — Day: 31. — Years: 81 — Months: — Days:

Age

Sex: Female — Color or Race: Col — Birthplace: North River Md Co.

Married, Single or Widowed: Widow — Occupation: House Keeper

Name of Wife or Husband: Harry Simms

Father's Name: Jacob Simms — Father's Birthplace: A. A Co

Mother's Maiden Name: Lucie Hall — Mother's Birthplace: A. A. Co

Name of person giving information: William Simms — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long: Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? — Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

Name in Full: Annie Stenail

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 190 3 — Month: July — Day: Seventh — Age: Years 58 — Months — Days

Sex: Female — Color or Race: Colored — Birth-Place:

~~Married~~, ~~Single~~ or Widowed: Widow — Occupation: Laundress

Name of Wife or Husband:

Father's Name: Do not Know — Father's Birthplace: Do not know

Mother's Maiden Name: Do not Know — Mother's Birthplace: Do not know

Name of person giving information: Thomas Brown — How related to deceased: friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Excessive heat — How long: Sick had

Immediate: Exhaustion 179 — How long: [illegible]

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. N. E. Campbell

Address: 34 Second St

Accident or Suicide?

Name in Full: Joseph Stephenson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Armiger A A Co County: A A

Date of death 1903	Month	Day	Age	Years	Months	Days
	July	20		yrs	2	25

Sex: Male | Color or Race: Black | Birthplace: Anne Arundel County

Married, Single or Widowed: | Occupation:

Name of Wife or Husband:

Father's Name: Wm Stephenson | Father's Birthplace: A A Co Md

Mother's Maiden Name: Hannah Osborn | Mother's Birthplace: A A Co Md

Name of person giving information: Geo. Osborn | How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Thrush. | How long:

Immediate: Meningitis | How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes | Signature of Physician: G. H. Lerane

Address: Armiger

Accident or Suicide?

Name in Full: Fannie Stepney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis County: A A

Date of death 190 3 Month: July Day: 7th

Age: Years: Months: 4 Days:

Sex: Female Color or Race: Colored Birthplace: City

Married, Single or Widowed: Occupation:

Name of Wife or Husband:

Father's Name: J J Stepney Father's Birthplace: City

Mother's Maiden Name: Agnes Walker Mother's Birthplace: City

Name of person giving information: Mother How related to deceased: City

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum How long: One week

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Investigated by Health Office

Address:

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Margaret Ann Thomas

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Annapolis — County: Anne Arundel

Date of death 190 3 — Month: July — Day: 14 — Age: Years — Months — Days: 23

Sex: Female — Color or Race: White — Birthplace: Annapolis Md

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: L. Vinton Thomas — Father's Birthplace: Maryland

Mother's Maiden Name: Daisy S. Basil — Mother's Birthplace: Annapolis Md

Name of person giving information: L. Vinton Thomas — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Aortic Insufficiency 79 — How long: 23 days

Immediate: Heart failure — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. S. Welch

Address: 184 Gloucester st Annapolis Md

Accident or Suicide?

Name in Full — WADE

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Ashton (County) Ca Ca

Date of death 1903 (Month) July (Day) 2 Age (Years) (Months) 1 (Days)

Sex Female Color or Race White Birthplace Ca Ca

Married, Single or Widowed Occupation

Name of Wife or Husband

Father's Name Jos Wade Father's Birthplace Ca Ca Ca

Mother's Maiden Name Mami Lowman Mother's Birthplace Ca Ca Ca

Name of person giving In formation Jos Wade How related to deceased father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cholera Infantum 105 How long One week

Immediate How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician L A Bracchan MD

Address Ashton Md

Accident or Suicide?

Name in Full: William Edward Wallis

Certificate of Death

Died at: near Woodwardville (Town) Anne Arundel (County) MARYLAND

Date 1903 Month July Day 1st

Age Y. 11 M. D.

Native of Md.

Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband / Wife of

Father's Name: Benjamin Wallis

Mother's Name: Katy Wallis

Cause of Death — Primary: Dentition

Immediate: Meningitis

How long sick: 6 d

Accident, Suicide, Homicide

Reported by: Saml. H. Anderson M. D.

Address: Woodwardville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Elizabeth Ann Watts

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Benfield; County: Anne Arundel; MARYLAND

Date of death 1903: Month: 7; Day: 2; Age: Years: 50; Months: ; Days:

Sex: Female; Color or Race: African; Birthplace: Maryland

Married, ~~Single or Widowed~~; Occupation: Housekeeper

Name of Wife or Husband: Thomas Watts

Father's Name: Dont know; Father's Birthplace: Dont know

Mother's Maiden Name: Mary Gaither; Mother's Birthplace: Maryland

Name of person giving information: Thomas Watts; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic heart disease; How long: 4 years

Immediate: Heart failure; How long: About 1½ hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. DuBois MD

Address: Gambrills

Accident ~~or Suicide~~?

Name in Full: Wenn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: Ant

Date of death 1903 — Month: July — Day: 27th — Years — Months — Days

Age

Sex: Male — Color or Race: Colored — Birthplace: Md

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Abraham Wenn — Father's Birthplace: Md

Mother's Maiden Name: Sarah E. Green — Mother's Birthplace: Md

Name of person giving information: mother — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stricture D. — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Mary Green

Address: Stricture, Annapolis, Md

Accident or Suicide?

Name in Full: Mary Ann Young

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Eastport — County: Anne Arundel Co

Date of death 1903 — Month: July — Day: 11 — Years: 88 — Months: 0 — Days: 2

Sex: Female — Color or Race: White — Birthplace: Calvert Co., Md

Occupation: None — Where Residing if not at place of death: Burns farm, Eastport

Married, Single or Widowed: widow — Name of ~~Wife or~~ Husband: Octavius Young

Father's Name: Samuel Cranford — Father's Birthplace: Calvert Co Md

Mother's Maiden Name: Philena Catington — Mother's Birthplace: Calvert Co Md

Name of person giving Imformation: Frank S. Young — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Decay — How long: 10 years

Immediate: Exhaustion — How long: 6 weeks

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Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. S. Welch

Address: 184 Gloucester St Annapolis

Accident or Suicide? no

0/70/13